

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215544201					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ROCKINGHAM FARM BUREAU ASSOCIATION, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LARETH MAY 16020 SPAR MINE RD TIMBERVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROCKINGHAM COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 12/31/2015</p> <p>SCC ID NO: 00637058</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1938 DEYERLE AVENUE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: HARRISONBURG, VA 22801</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LARETH MAY TITLE: PRESIDENT ADDRESS: 16020 SPAR MINE RD CITY/ST/ZIP/CO: TIMBERVILLE, VA 22853 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: LARETH MAY TITLE: PRESIDENT ADDRESS: 16020 SPAR MINE RD CITY/ST/ZIP/CO: TIMBERVILLE, VA 22853	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: LARETH MAY TITLE: PRESIDENT ADDRESS: 16020 SPAR MINE RD CITY/ST/ZIP/CO: TIMBERVILLE, VA 22853	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DOUGLAS HUGHES TITLE: VICE PRESIDENT ADDRESS: 7443 JOHN BROCK ROAD CITY/ST/ZIP/CO: LINVILLE, VA 22834 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: DOUGLAS HUGHES TITLE: VICE PRESIDENT ADDRESS: 7443 JOHN BROCK ROAD CITY/ST/ZIP/CO: LINVILLE, VA 22834	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DOUGLAS HUGHES TITLE: VICE PRESIDENT ADDRESS: 7443 JOHN BROCK ROAD CITY/ST/ZIP/CO: LINVILLE, VA 22834	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID WALKER, II TITLE: TREASURER ADDRESS: 11834 S EASTSIDE HIGHWAY CITY/ST/ZIP/CO: PORT REPUBLIC, VA 24471 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: DAVID WALKER, II TITLE: TREASURER ADDRESS: 11834 S EASTSIDE HIGHWAY CITY/ST/ZIP/CO: PORT REPUBLIC, VA 24471	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DAVID WALKER, II TITLE: TREASURER ADDRESS: 11834 S EASTSIDE HIGHWAY CITY/ST/ZIP/CO: PORT REPUBLIC, VA 24471	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SUSAN THREEWITTS TITLE: SECRETARY ADDRESS: 2462 MOUNTAIN VALLEY RD CITY/ST/ZIP/CO: KEEZLETOWN, VA 22832 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: SUSAN THREEWITTS TITLE: SECRETARY ADDRESS: 2462 MOUNTAIN VALLEY RD CITY/ST/ZIP/CO: KEEZLETOWN, VA 22832	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: SUSAN THREEWITTS TITLE: SECRETARY ADDRESS: 2462 MOUNTAIN VALLEY RD CITY/ST/ZIP/CO: KEEZLETOWN, VA 22832	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRENT ARBOGAST TITLE: DIRECTOR ADDRESS: 385 LACEY SPRING RD CITY/ST/ZIP/CO: HARRISONBURG, VA 22802 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: BRENT ARBOGAST TITLE: DIRECTOR ADDRESS: 385 LACEY SPRING RD CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BRENT ARBOGAST TITLE: DIRECTOR ADDRESS: 385 LACEY SPRING RD CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DOUGLAS BERRY TITLE: DIRECTOR ADDRESS: P. O. BOX 53 CITY/ST/ZIP/CO: ELKTON, VA 22827 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: DOUGLAS BERRY TITLE: DIRECTOR ADDRESS: P. O. BOX 53 CITY/ST/ZIP/CO: ELKTON, VA 22827	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DOUGLAS BERRY TITLE: DIRECTOR ADDRESS: P. O. BOX 53 CITY/ST/ZIP/CO: ELKTON, VA 22827	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE CRAUN DIRECTOR 9749 WARM SPRINGS PIKE BRIDGEWATER, VA 22812	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF GERMROTH DIRECTOR 3922 HOLSINGER RD BROADWAY, VA 22815	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE LISKEY DIRECTOR 1275 CROSS KEYS RD HARRISONBURG, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWIGHT WILLIAM NEWMAN DIRECTOR 5240 PLEASANT VALLEY RD HARRISONBURG, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL REEDY DIRECTOR PO BOX 55 LINVILLE, VA 22834	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE SAUFLEY DIRECTOR 6711 SAUFLEY LANE PORT REPUBLIC, VA 24471	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SHOWALTER DIRECTOR 3466 KEEZLETOWN RD KEEZLETOWN, VA 22832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT THREEWITTS DIRECTOR 2462 MOUNTAIN VALLEY RD KEEZLETOWN, VA 22832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LARETH MAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LARETH MAY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/10/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			